| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| 28. | D&N Haveli | 300 | 0 | 266 | 187 | 182 |
| 29. | Daman & Diu | 244 | 417 | 150 | 153 | 170 |
| 30. | Delhi | 42,951 | 43.313 | 13,000 | 26,911 | 10,413 |
| 31. | Lakshadweep | 180 | 145 | 100 | 0 | 5 |
| 32. | Pondicherry | 3,401 | 711 | 3,863 | 1,303 | 1,436 |
| | TOTAL NTCP | 1,354,950 | 1,305,385 | 1,262,643 | 371,521 | 337,698 |

*Calendar year.

Note: Under 20 Point Programme previously Total of TB cases detection used to be monitored, but from 1999-2000 onwards of TB cases detection is monitored.

**Review of population growth**

3694. SHRI RAVI SHANKAR PRASAD : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government have reviewed the progress made, so far, in controlling population growth *vis-a-vis* the huge expenditure incurred every year on family planning in the country;

(b) if so, the outcome thereof;

(c) whether any concrete measures including effective incentives have been or proposed to be adopted for curbing population rise; and

(d) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) Review of the National Family Welfare Programme including budget requirement of each activities is being carried out periodically.

The progress in reducing population growth rate does not depend only on expenditure incurred on family planning but also many other socio-economic factors, such as success in increasing literacy, particularly of women, age at marriage, improvement in infrastructure, sanitation, transport, communication in addition to improving reproductive health services.

However, the changes that have taken .place since inception of National Family Welfare Programme in key indicators are given in the Statement. *(See* below).

(c) and (d) The National Population Policy, 2000 adopted by the Government of India in February, 2000 affirms the commitment of the Government towards voluntary and informed choice and consent of citizens while availing themselves of reproductive health care services. The policy enumerates certain notional socio-demographic goals to be achieved by 2010, which are expected to stabilize the population in the country by 2045.

The Policy also provides for certain promotional and motivational measures which are listed below:

1. Panchayats and Zila Parishads will be rewarded and honoured for exemplary performance in universalising the small family norm, achieving reductions in infant mortality and birth rates, and promoting literacy with completion of primary schooling.
2. The Balika Samridhi Yojana run by the Department of Women and Child Development, to promote survival and care of the girl child, will continue. A cash inceniive of Rs. 500 is awarded at the birth of the girl child of birth order 1 or 2.
3. The Maternity Benefit Scheme newly operated by Department of Family Welfare provides a cash grant of Rs. 500 to mothers who have their first child after 19 years of age, for birth of the first or second child only.
4. A Family Welfare-linked health Insurance Plan will be established. Couples below the poverty line, who undergo sterilisation, With not more than two living children, would become eligible (alone with children) for health insurance (for hospitalisation) not exceeding Rs. 5000, and a personal accident insurance cover for the spouse undergoing sterilisation.
5. Couples below the poverty line, who marry after the legal age of marriage, register the marriage, have their first child after the mother reaches the age of 21, accept the small family norm, and adopt a terminal method after birth of the second child, will be rewarded.
6. A revolving fund will be set up for income-generating activities by village-level self help groups, who provide community-level health care services.
7. Creches and childcare centres will be opened in rural areas and urban slums. This will facilitate and promote participation of women in paid employment.

8. A wider, affordable choice of contraceptives will be made accessible at diverse delivery points, with counselling services to enable acceptors to exercise voluntary and informed consent.
9. Facilities for safe abortion will be strengthened and expanded.
10. Products and services will be made affordable through innovative social marketing schemes.
11. Local entrepreneurs at village levels will be provided soft loans arid encouraged to run ambulance services to supplement the existing arrangements for referral transportation.
12. Increased vocational training schemes for girls, leading to self-employment will be encouraged.
13. Strict enforcement of Child Marriage Restraint Act, 1976 will be ensured.
14. Strict enforcement of the Pre-Natal Diagnostic Techniques Act, 1994 will be ensured.
15. Soft loans to ensure mobility of the ANMs will be increased.
16. The 42nd Constitutional Amendment has frozen the number of representatives in the Lok Sabha (on the basis of population) at 1971 Census levels. The freeze is currently valid until 2001, and has served as an incentive for State Governments to fearlessly pursue the agenda for population stabilization. The freeze needs to be extended until 2026.

**Statement**

*Demographic indicators from 1951 to 1999*

| | Indicator | 1951 | 1971 | 1981 | 1991 | 1999 (SRS) |
|---|---|---|---|---|---|---|
| 1. | Birth Rate | 40.8 | 36.9 | 33.9 | 29.5 | 26.1 |
| 2. | Death Rate | 25.1 | 14.9 | 12.5 | 9.8 | 8.7 |
| 3. | Infant Mortality Rate | 148.0 | 129.0 | 110.0 | 80.0 | 70.0 |
| 4. | Child (0-4) Mortality Rate | NA | 51.9 | 41.2 | 26.5 | 23.9 |
| 5. | Total Fertility Rate | 6.0 | 5.2 | 4.5 | 3.6 | 2.9 (NFHS-II) |
| 6. | Expectation of life at Birth | | | | | |
| | Male | 37.1 | 46.4 | 54.1 | 60.6 | 62.30 |
| | Female | 36.2 | 44.7 (1961-71) | 54.7 | 61.7 1991-96) | 65.27 (1996-2000) |